

Identification of At-Risk Drinking and Intervention with Women of Childbearing Age

A Guide for Primary-Care Providers



**National Institute on Alcohol Abuse and Alcoholism
and
Office of Research on Minority Health
National Institutes of Health**

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Companion publications are also available:

Identification and Care of Fetal Alcohol-Exposed Children: A Guide for Primary-Care Providers, NIH Publication No. 99-4369

Personal Steps to a Healthy Choice: A Woman's Guide, NIH Publication No. 99-4370 (may be ordered in bulk quantities)

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FOREWORD

This guide provides clinicians with office-based screening and intervention protocols to reduce drinking in women of childbearing age and to prevent maternal alcohol use during the perinatal period. A protocol is also provided for the detection of fetal alcohol syndrome (FAS), alcohol-related birth defects (ARBD), and alcohol-related neurodevelopmental disorder (ARND).¹ One of the most common clinical problems in medicine, alcohol use disorders adversely affect at least 10 percent of women and at least as many family members. The goal of this guide is to increase clinician detection and treatment of women of childbearing age who are adversely affected by alcohol before they become pregnant, and to minimize fetal damage in at-risk women who are pregnant.

The guide is specifically designed for:

- obstetricians
- family physicians
- internists
- advanced-practice nurses
- physician assistants who care for women

Clinicians who have limited clinical expertise in the prevention and treatment of alcohol use disorders will find the guide especially helpful.

SECTIONS OF THE GUIDE

Section I of the guide provides an overview of what every clinician should know about alcohol use in women of childbearing age.

Section II of the guide provides an overview of what every clinician should know about fetal alcohol problems and about the detection of FAS, ARBD, and ARND.

Section III of the guide is designed for clinicians who care for women. It provides a protocol for the identification and treatment of women whose drinking exceeds the recommended limits, distinguishing between patients who are at-risk or problem drinkers, and identifying those who may be alcohol-dependent.

Section IV of the guide contains steps to establish an office-based intervention system for the implementation of the clinical activities presented in Section III.

SUMMARY STATEMENT

The goal of this guide is to facilitate the use of screening procedures for alcohol problems and brief intervention strategies with appropriate patients in primary-care practice with respect to women of childbearing age. Screening involves the use of easily-administered procedures to identify patients who may be developing alcohol problems and those at risk for alcoholism. The goal of screening is early identification—and thus early intervention. The goal of brief intervention is prevention; that is, changing the behavior of individuals who are experiencing the adverse effects of drinking, but who are not physically dependent on alcohol.²

The screening procedures and intervention strategies presented in this guide have been developed and applied in health care settings. By incorporating them into their practice, clinicians have the opportunity to significantly improve the health of women, to contribute to creating a healthier family environment for children, and to reduce both the incidence and severity of fetal alcohol syndrome, alcohol-related birth defects, and alcohol-related neurological disorder.

Comments and suggestions by users of this guide are welcome, and will be considered for incorporation into the next edition. Please use the questionnaire in the back of this publication, or send your comments to:

Science Education Program Coordinator
Office of Collaborative Research Activities
National Institute on Alcohol Abuse and Alcoholism
6000 Executive Boulevard, Suite 400
Bethesda, MD 20892-7003

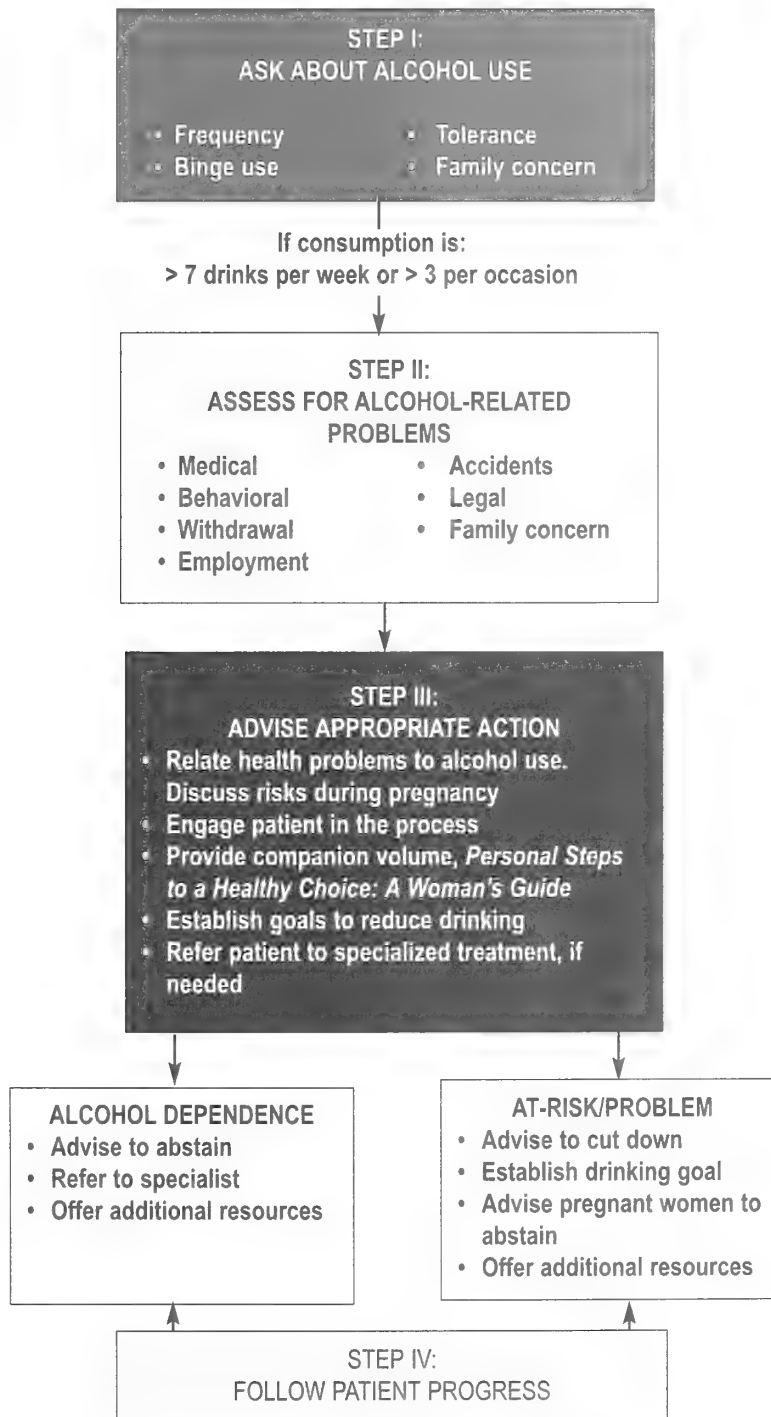
Comments may be sent by fax to: (301) 443-7043.

¹For more information about FAS screening and intervention, see *Identification and Care of Fetal Alcohol-Exposed Children: A Guide for Primary-Care Providers*, NIH Publication No. 99-4369.

²For more information in conjunction with this guide, see *Personal Steps to a Healthy Choice: A Woman's Guide*, NIH Publication No. 99-4370.

CLINICAL PROTOCOL SUMMARIES

IDENTIFICATION AND TREATMENT OF WOMEN WHO DRINK ABOVE RECOMMENDED LIMITS



FETAL ALCOHOL EXPOSURE

Identification of FAS, ARBD, and ARND

Fetal Alcohol Syndrome (FAS)
Fetal Alcohol Exposure
(confirmed or unconfirmed)
and I + II + III

Alcohol-Related Neurodevelopmental Disorder (ARND)
Fetal Alcohol Exposure
(confirmed or unconfirmed) and III

Alcohol-Related Birth Defects (ARBD)
Fetal Alcohol Exposure
(confirmed or unconfirmed) and IV

Maternal Alcohol Use (confirmed or unconfirmed)

- Abstainer
- At-risk drinker
- Dependent drinker
- Low-risk drinker
- Problem drinker

I. Growth Retardation

- Weight
- Length/height

II. Facial Malformation

- Short palpebral fissures
- Thin upper lip
- Long, flat philtrum
- Hypoplastic midface

III. Neurodevelopmental Disorder

- Head circumference < 10th percentile
- Sleep disturbances
- Attention deficits
- Decreased visual focus
- Decreased response to noise/stimulation
- Increased activity
- Altered motor skills
- Increased stress reactivity
- Delayed speech development
- Learning deficits

IV. Other Physical Abnormalities

- Ophthalmologic
- Otologic
- Cardiac
- Limb

SECTION I

WHAT EVERY CLINICIAN SHOULD KNOW ABOUT ALCOHOL USE DISORDERS IN WOMEN

Alcohol use in women is associated with adverse pregnancy outcomes, high-risk sexual behavior, accidents and injuries, depression, domestic violence, child abuse, family problems, and employment issues. Other health problems include higher rates of liver disease, heart disease, cancer, and osteoporosis. This section does not attempt to provide a comprehensive review of this topic. Sources of additional information are listed in Appendix C on page 37.

THE AMOUNT AND FREQUENCY OF ALCOHOL USE

There is a dose-response effect of alcohol use. Higher levels of use result in an increased number and enhanced severity of health effects.

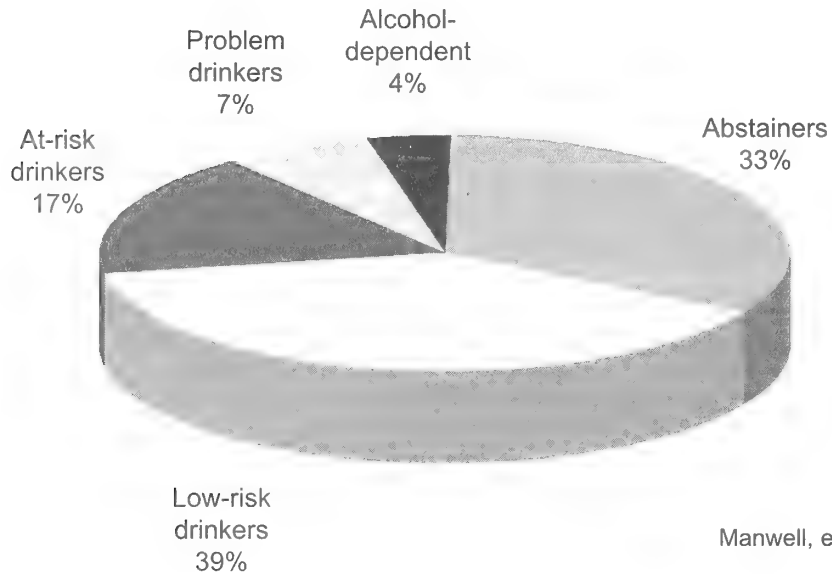
PUBLIC HEALTH APPROACH

The majority of alcohol-related adverse events occur in women who are not alcohol dependent. These women drink too much and often in high-risk situations. We need to reduce the amount and frequency of alcohol use among women and not limit our efforts to treating women who are alcohol-dependent.

CATEGORIES OF ALCOHOL USE IN WOMEN

<i>Types of Drinkers</i>	<i>Patterns of Alcohol Consumption</i>
Abstainers	Do not consume alcohol at all, or take less than 1 drink per month.
Low-risk drinkers	Consume 1–2 standard drinks per day, but only 3 or fewer times per week. Their use of alcohol does not affect their health and it does not result in negative consequences. They do not use alcohol before driving, when pregnant, when breastfeeding, or with certain medications.
At-risk drinkers	Consume 7–21 standard drinks per week; consume more than 3–4 standard drinks per occasion, or drink in high-risk situations.
Problem drinkers	Consume more than 21 standard drinks per week and may experience negative consequences from such drinking (behavioral, family, medical, mental health, employment, social, legal, etc.).
Alcohol-dependent drinkers	Cannot stop drinking once they start. They experience repeated negative consequences from such drinking (behavioral, family, medical, mental health, employment, social, legal, etc.). Heavy drinking leads to a physical need for alcohol.

**Frequency of Alcohol Use in Women Ages 18–40
In 22 Primary-Care Practices**



Manwell, et al., 1998

METABOLISM OF ALCOHOL: DIFFERENCES BETWEEN WOMEN AND MEN

Given the same amount of alcohol, women will have higher levels of alcohol in their blood than men, secondary to differences in total body water content and absorption. If a woman of average weight drinks two or more drinks in an hour, her blood alcohol level can rise above 0.05 percent. The development of fetal alcohol syndrome appears to be related to peak alcohol blood levels.

BRIEF INTERVENTION TREATMENT

There are a number of treatment models for problem drinking that appear to be effective. Brief intervention has been found to be effective with women problem drinkers in primary-care clinics. A brief 5–10 minute counseling session (in this guide) delivered by a clinician has been found to reduce alcohol use in women by 20–30 percent (Wallace et al., 1988, Fleming et al., 1997).

GUIDED SELF-CHANGE PROGRAMS

Women also respond to guided self-change programs based on cognitive behavioral therapy models. These programs are for motivated women who want to reduce their use or become abstinent. They are generally limited to 4 to 10 one-hour sessions with a counselor (Sobell, 1993).

SPECIALIZED TREATMENT

A number of clinical trials have shown reduced alcohol use in alcohol-dependent persons after completion of alcohol treatment programs (Allen et al., 1997). While there is a great deal we don't know yet about treatment of women with alcohol use disorders, brief intervention, guided self-change programs, cognitive therapy, behavioral therapy, and the 12-step program can be effective. Other issues to consider in specialized treatment for women are the availability of child care, transportation, gender-specific programs, and the treatment of comorbidity, such as other substance abuse and mental health disorders.

COMORBIDITY

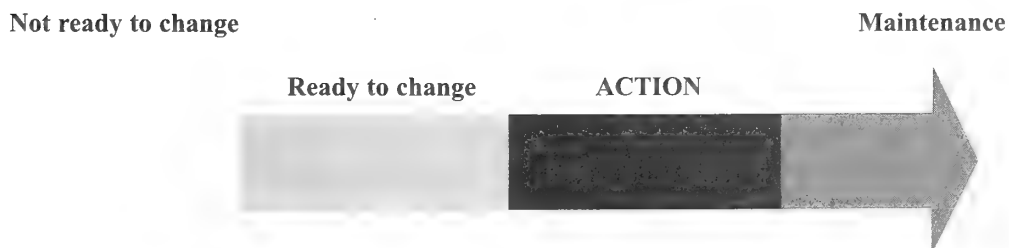
Areas in which there is limited research to guide clinicians include: ways to best deal with partner drinking, relationship problems, post-traumatic stress disorder (PTSD) with dissociative reactions and flashbacks, sexual abuse, and mental health disorders.

USE OF TOBACCO AND ILLICIT DRUGS

Women with alcohol use disorders who also use other mood-altering drugs, such as nicotine, marijuana, or cocaine, often find it difficult to decrease their alcohol use.

BEHAVIORAL CHANGE MODEL

People usually move through a series of readiness changes before actually changing behavior: not ready to change—ready to change—action—maintenance. It is critical for primary-care physicians to understand where their patients are on this continuum in order to develop effective treatment recommendations.



BEHAVIORAL CHANGE IN PRIMARY-CARE SETTINGS

Treatment of alcohol use disorders in primary-care settings may require multiple interventions over long periods of time to institute changes in alcohol use. As with other chronic conditions (e.g., hypertension, hypercholesterolemia, diabetes), behavioral change is a long-term process and not a single event.

ALCOHOL USE IN PREGNANCY: IS THERE A SAFE LIMIT?

There is no known safe level of alcohol use during pregnancy. While adverse outcomes from low-dose alcohol use during pregnancy remain somewhat controversial, animal studies suggest that 1–2 drinks per day can have measurable adverse effects on a developing fetus (Schneider, 1997).

PREVENTION OF FAS

The key to the prevention of Fetal Alcohol Syndrome is to screen all women of childbearing age for alcohol use disorders to identify those at risk and then to use appropriate counseling techniques to reduce or eliminate drinking before conception.

SECTION II

WHAT EVERY CLINICIAN SHOULD KNOW ABOUT FETAL ALCOHOL PROBLEMS

The information presented below provides general information about fetal alcohol syndrome (FAS). This section does not attempt to provide a comprehensive review of this topic. Sources of additional information may be obtained from the first resource listed in Appendix C on page 37.

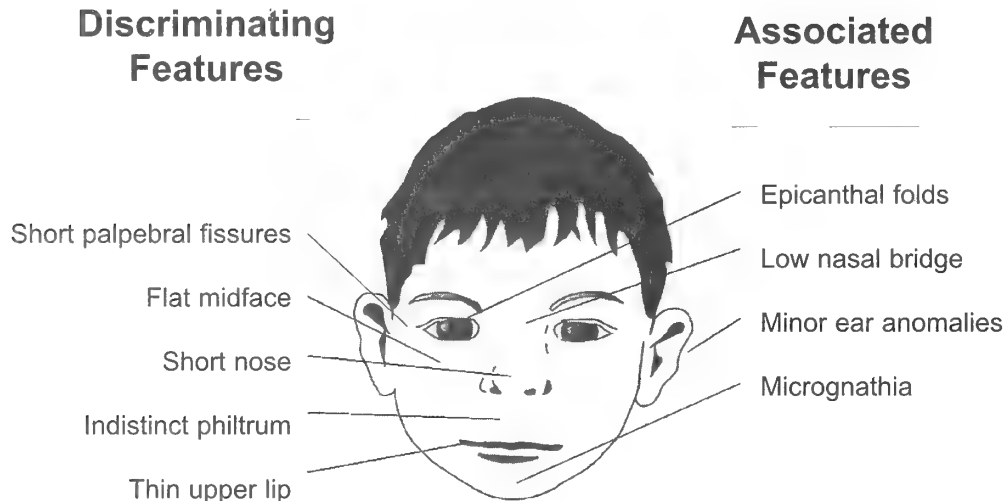
DEFINITIONS

The diagnosis of FAS is based on four criteria: prenatal alcohol exposure (confirmed or unconfirmed), growth retardation, facial characteristics, and neurodevelopmental problems. Some children who are adversely affected by maternal alcohol use do not meet all four of these criteria. These children may have an isolated physical abnormality and be classified as having an alcohol-related birth defect (ARBD). Others may be limited to neurodevelopmental abnormalities, such as problems with cognitive development (intelligence, communication skills, memory, and learning ability), visual/spatial skills, and motor development. These children are classified as having an alcohol-related neurodevelopmental disorder (ARND). The term Fetal Alcohol Effects (FAE) has been replaced by the terms ARBD and ARND in medical practice, although the term FAE still appears in educational materials.

CRITERIA FOR FETAL ALCOHOL SYNDROME (FAS)

- **Growth retardation**
 - weight—less than 10th percentile
 - length or height—less than 10th percentile
- **Facial malformations** (more than one, but not necessarily all)
 - short palpebral fissures abnormal philtrum
 - thin upper lip hypoplastic midface
- **Neurodevelopmental disorder** (this is not an all-inclusive list, and there may be more than one, but not all conditions present)

head circumference < 10 th percentile	intellectual impairment
memory problems	delayed development
attachment concerns	attention deficit disorder
impaired (altered) motor skills	hyperactivity
neurosensory hearing loss	problems with reasoning and judgment
learning disabilities	inability to appreciate consequences of
impaired visual/spatial skills	actions



Source: Streissguth and Little, 1994

Facial features particularly characteristic of a child with Fetal Alcohol Syndrome (FAS). Discriminating features (i.e., those considered definitive signs of FAS) are shown on the left side of the illustration; characteristics listed on the right side are associated with FAS but are not sufficient to determine the presence of the syndrome. Microencephaly (small head circumference) is not a facial feature per se, but a central nervous system characteristic. (Palpebral fissures = eye opening; philtrum = groove between nose and upper lip, epicanthal folds = skin folds covering inner corner of the eye; micrognathia = abnormal smallness of the jaws.)

CRITERIA FOR ALCOHOL-RELATED BIRTH DEFECTS (ARBD)

- One or more birth defects associated with fetal alcohol exposure
- Alcohol-related birth defects may include abnormalities of the face, eyes, ears, heart, brain, kidneys, and limbs:
 - cardiac—atrial septal defect (ASD), ventral septal defect (VSD), truncus abnormalities, tetralogy
 - ocular—ptosis, corneal, lens, and retinal vessel abnormalities
 - auditory—low-set posterior rotation of auricle, sensorineural, conductive hearing loss
 - renal—aplastic, dysplastic, hypoplastic
 - skeletal—fusion of radius and ulna and elbow, digits, palmar creases

CRITERIA FOR ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDER (ARND)

- One or more neurodevelopmental effects associated with fetal alcohol exposure.
- Alcohol-related problems include behavior, cognitive function, language, attention, attachment, memory, fine motor skills.

LONG-TERM ADVERSE EFFECTS AS ADULTS

The majority of children with FAS who have been followed into adulthood have problems leading independent lives. Many young adults who do not receive appropriate support are unable to maintain employment and relationships with family, friends, and partners. Many have legal problems. Problems include:

- difficulties with learning
- employment problems
- relationship problems
- hyperactivity
- motor skill difficulties

BRAIN REGIONS AFFECTED

- The brain is particularly sensitive to alcohol during the period of rapid growth in the third trimester.
- The cerebral cortex exhibits abnormal patterns and distribution of neurons and abnormal neurotransmission.
- The hippocampus and cerebellum have decreased cell numbers and altered neurochemical activity.
- The corpus callosum appears to be absent or poorly developed in many children, as shown by MRI testing. The size and volume of the cerebellum and basal ganglia are reduced.

ETIOLOGY

- Etiology at a molecular level is not fully known.
- The severity of effects depends on dose, pattern, and timing of alcohol exposure.
- Alcohol may interfere with the action of growth factors, including retinoic acid and nerve growth factor. Cell adhesion molecules that are essential for proper brain development may be altered.
- Alcohol may induce excess free radicals that damage cells and tissues.
- Prostaglandins or glucocorticoids may be involved in alcohol's actions.
- Excessive cell death induced by alcohol in certain populations of progenitor cells may result in abnormal tissues or organs.

PREVALENCE OF FETAL ALCOHOL SYNDROME

- In the general population, estimates range from 0.5 to 3 children for every 1,000 live births.
- FAS occurs in all racial and economic groups.

FETAL ALCOHOL EXPOSURE RISK

- Risk factors among drinking women include increased maternal age, increased parity, low socio-economic status (SES), other drug use, or a previous child with FAS.
- The frequency of perinatal alcohol use increased between 1990 and 1995.
- A national survey estimates that 3.5 percent of women who are pregnant drink two or more drinks per day, or five or more drinks per occasion.
- Based on these data, it is estimated that 126,000 children born in the United States in 1995 were exposed to potentially teratogenic doses of alcohol during fetal development.

TREATMENT OF NEURODEVELOPMENTAL EFFECTS OF FETAL ALCOHOL EXPOSURE

- There is evidence that, with early identification and treatment, the neurodevelopmental disorder may be partially reversible. The key is early diagnosis, treatment, and provision of appropriate community services.

SECTION III

IDENTIFICATION AND TREATMENT OF AT-RISK DRINKING IN WOMEN

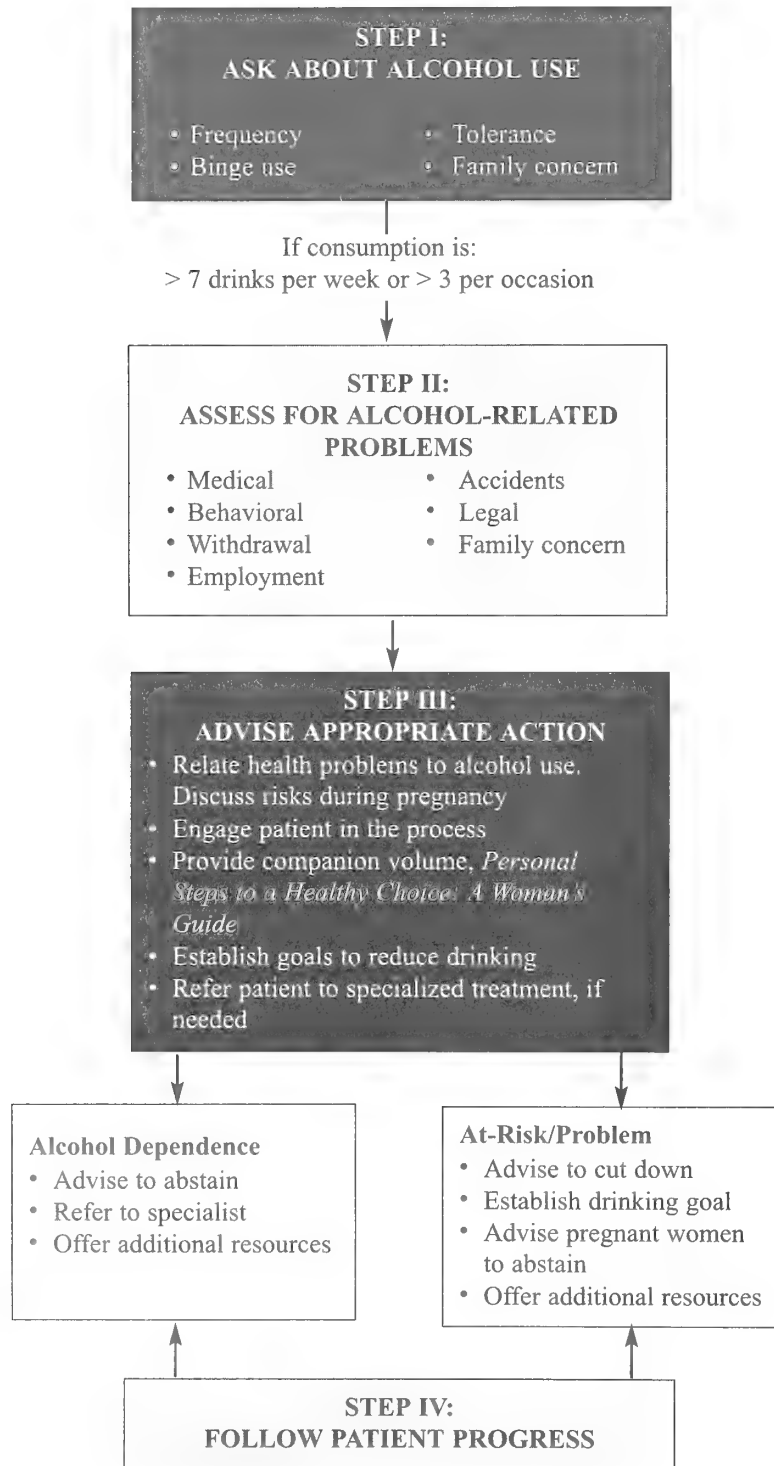
The clinical protocols presented in this section are similar to those contained in the National Institute on Alcohol Abuse and Alcoholism's *The Physician's Guide to Helping Patients with Alcohol Problems*.¹ They have been modified in order to focus on women of childbearing age. We encourage all primary-care providers who work with women to use these protocols in their care of patients.

Screening women for alcohol problems can be incorporated into routine clinical care through the use of health questionnaires or questions administered by support staff or the clinician. Ideal opportunities for screening include routine well-woman care, treatment of acute problems, or pre-pregnancy counseling.

It is our experience that women expect their providers to ask them about their health habits. They welcome prevention activities that will improve their quality of life. Primary-care physicians have a unique opportunity to identify and treat women who are using alcohol above recommended limits, i.e., women who are at-risk or problem drinkers. Women who may be alcohol-dependent should be referred for specialized treatment and their progress followed.

¹NIH Publication No. 95-3769, 1995. *The Physician's Guide to Helping Patients with Alcohol Problems* focuses upon four steps for screening and brief intervention. It can be ordered from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). See Appendix C, listing A-1 for how to contact NIAAA.

ASK, ASSESS, ADVISE, FOLLOWUP



ASK

All women who see primary-care clinicians need to be asked about alcohol use. There are multiple opportunities for screening women. These include visits for: (a) routine well-woman care; (b) sexually transmitted diseases (STDs); (c) chronic problems such as hypertension, headaches, depression, anxiety, sleeping disorders; and (d) acute problems such as accidents, injuries, or bronchitis.

These questions can be administered by a self-report questionnaire or by direct face-to-face interview. Patients may respond more honestly if the questions are embedded in a general health questionnaire and if patients are reassured that their answers will be considered confidential.

If these questions are asked by interview, clinicians need to use a straightforward nonjudgmental style. Most patients will answer truthfully if they trust their clinicians. Those less likely to respond accurately are persons who are actively using large amounts of alcohol and drugs, persons who are alcohol-dependent, persons with psychiatric disorders, and those who fear the consequences of reporting their alcohol use.

Health Screening Survey

This survey is designed for women who are NOT pregnant

Name: _____ Date: _____

We would appreciate it if you would answer the following questions. This information will be kept confidential and will be used by your health care team to improve your health.

1. In the past 3 months, have you smoked cigarettes? ☐ Yes ☐ No
2. Do you use a seatbelt every time you ride in a motor vehicle? ☐ Yes ☐ No
3. Do you exercise three or more times per week? ☐ Yes ☐ No
4. In the past 3 months, about how many days a week did you have two or more standard drinks (a standard drink is one 12 oz. bottle or can of beer or wine cooler, a 1.5 oz. shot of hard liquor, or one 5 oz. glass of wine)?
☐ 1 day or less per week ☐ I never drink more than one drink per day
☐ 2–3 days per week ☐ I've had no alcohol in the past 3 months
☐ 4 or more days per week
5. In the past 3 months, about how many days a week did you have four or more standard drinks?
☐ 1 day or less per week ☐ I never drink more than 3 drinks per occasion
☐ 2–3 days per week ☐ I've had no alcohol in the past 3 months
☐ 4 or more days per week
6. How many drinks does it take to make you feel high?
_____ number of drinks ☐ I never drink ☐ I'm not sure
7. Have any family members, friends, or health care providers been concerned about how much you drank in the last year?
☐ Yes ☐ No

Please return this survey to your health care provider. Thank you.

SCORING FOR HEALTH SCREENING SURVEY

(For Women Who Are NOT Pregnant)

The form is to be completed by the patient's nurse or other health care provider.

Name of Patient: _____ Date: _____

The questions (#1–3) about smoking, seatbelt safety, and exercise are opportunities for advice on these health issues.

Alcohol Questions—Please check the appropriate boxes, based on the patient's responses to the Health Screening Survey alcohol questions (#4–7).

- (a) ☐ Yes ☐ No Patient admits to drinking almost every day (4 or more days/week) (See question 4)
- (b) ☐ Yes ☐ No Patient admits to drinking four or more drinks per occasion at any time (See question 5)
- (c) ☐ Yes ☐ No Patient reports that it takes more than two drinks to get high (See question 6)
- (d) ☐ Yes ☐ No Patient reports that family members or friends have expressed concern about her alcohol use (See question 7)

Summary—Please check the appropriate box.

- ☐ The patient meets one or more of the four criteria for at-risk drinking
- ☐ The patient does not meet any of the four criteria for at-risk drinking

If the patient scores one or more on the criteria for at-risk drinking, please ask the following questions:

ASSESS

1. Have you ever felt the need to cut down or control your drinking?
- ☐ Yes ☐ No
2. Have you ever lost a job because of your drinking?
- ☐ Yes ☐ No
3. Has your drinking affected your family, especially your children?
- ☐ Yes ☐ No

4. Have you ever been stopped by the police when you were drinking?
☐ Yes ☐ No
 5. Have you been injured when you were drinking?
☐ Yes ☐ No
 6. Do you become very nervous or shaky if you stop drinking for more than a day?
☐ Yes ☐ No
 7. Do you need to have a drink in the morning to start your day?
☐ Yes ☐ No
 8. Do you have any medical problems that could be related to alcohol use, such as depression, suicide ideation, anxiety, panic attacks, sleeping problems, headaches, and chronic fatigue? More serious medical problems may include liver dysfunction, repeated trauma, blood pressure elevation, and pancreatitis.
☐ Yes ☐ No
 9. Do you have evidence of alcohol problems on physical exam, such as high blood pressure, cardiac arrhythmia, enlarged liver, alcohol on breath?
☐ Yes ☐ No
-

Summary:

- ☐ **Patient is an at-risk drinker** (negative response to the 9 assessment questions above and is only positive on the Health Screening Survey)
- ☐ **Patient is a problem drinker** (1 or 2 positive responses to the assessment questions above, plus positive on the Health Screening Survey)
- ☐ **Patient may be alcohol-dependent** (3 or more positive responses to the assessment questions above plus positive on the Health Screening Survey)

Patients who are at-risk or problem drinkers should receive brief intervention. Patients who may be alcohol-dependent should receive brief intervention and be referred to specialized treatment.

Health Screening Survey

This survey is designed for women who ARE pregnant

Name: _____ Date: _____

We would appreciate it if you would answer the following questions. This information will be kept confidential and will be used by your health care team to improve your health.

1. In the past 3 months, have you smoked cigarettes? ☐ Yes ☐ No
2. Do you use a seatbelt every time you ride in a motor vehicle? ☐ Yes ☐ No
3. Do you exercise three or more times per week? ☐ Yes ☐ No
4. In the 3 months before your current pregnancy, about how many days a week did you have one or more standard drinks (a standard drink is one 12 oz. bottle or can of beer or wine cooler, a 1.5 oz. shot of hard liquor, or one 5 oz. glass of wine)?

<input type="checkbox"/> 1 day or less per week	<input type="checkbox"/> I never drink more than 1 drink per day
<input type="checkbox"/> 2–3 days per week	<input type="checkbox"/> I had no alcohol before I became pregnant
<input type="checkbox"/> 4 or more days per week	
5. How many drinks does it take to make you feel high?
_____ number of drinks ☐ I never drink ☐ I'm not sure
6. Have any family members, friends, or health care providers been concerned about how much you drank in the last year?
☐ Yes ☐ No
7. Since you became pregnant, on average, about how many days a week do you have two or more standard drinks?

<input type="checkbox"/> 1 day or less per week	<input type="checkbox"/> I stopped drinking as soon as I found out I was pregnant
<input type="checkbox"/> 2–3 days per week	<input type="checkbox"/> I've had no alcohol during my pregnancy
<input type="checkbox"/> 4 or more days per week	<input type="checkbox"/> I never drank more than 1 drink per day since I became pregnant

Please return this survey to your health care provider. Thank you.

SCORING FOR HEALTH SCREENING SURVEY (For Women Who ARE Pregnant)

The form is to be completed by the patient's nurse or other health care provider.

Name of Patient: _____ Date: _____

The questions (#1–3) about smoking, seatbelt safety, and exercise are opportunities for advice on these health issues.

Alcohol Questions—Please check the appropriate boxes based on the patient's responses to the Health Screening Survey alcohol questions before the patient was pregnant (#4–6).

- (a) ☐ Yes ☐ No Patient admits to drinking almost every day prior to pregnancy (4 or more days/week) (See question 4)
- (b) ☐ Yes ☐ No Patient reports that it takes more than 2 drinks to get high (See question 5)
- (c) ☐ Yes ☐ No Patient reports that family members or friends have expressed concern about her alcohol use (See question 6)
- (d) ☐ Yes ☐ No Patient reports drinking 2 or more drinks per day two or more days per week during pregnancy (See question 7)

Summary—Please check the appropriate box.

- ☐ The patient does not meet any of the four criteria for at-risk drinking and does not drink during pregnancy
- ☐ The patient meets one or more of the criteria for at-risk drinking for an alcohol exposed pregnancy

If the patient scores one or more on the criteria for at-risk drinking, please ask the following questions:

ASSESS

1. Have you ever felt the need to cut down or control your drinking?
- ☐ Yes ☐ No
2. Have you ever lost a job because of your drinking?
- ☐ Yes ☐ No

3. Has your drinking affected your family, especially your children?
☐ Yes ☐ No
4. Have you ever been stopped by the police when you were drinking?
☐ Yes ☐ No
5. Have you been injured when you were drinking?
☐ Yes ☐ No
6. Do you become very nervous or shaky if you stop drinking for more than a day?
☐ Yes ☐ No
7. Do you need to have a drink in the morning to start your day?
☐ Yes ☐ No
8. Do you have any medical problems that could be related to alcohol use, such as depression, suicide ideation, anxiety, panic attacks, sleeping problems, headaches, and chronic fatigue? More serious medical problems may include liver dysfunction, repeated trauma, blood pressure elevation, and pancreatitis.
☐ Yes ☐ No
9. Do you have evidence of alcohol problems on physical exam, such as high blood pressure, cardiac arrhythmia, enlarged liver, alcohol on breath?
☐ Yes ☐ No

Summary:

- ☐ **Patient is an at-risk drinker** (negative response to the 9 assessment questions above and is only positive on the Health Screening Survey)
- ☐ **Patient is a problem drinker** (1 or 2 positive responses to the assessment questions above, plus positive on the Health Screening Survey)
- ☐ **Patient may be alcohol-dependent** (3 or more positive responses to the assessment questions above plus positive on the Health Screening Survey)

*Patients who are at-risk or problem drinkers should receive brief intervention.
Patients who may be alcohol-dependent should receive brief intervention and be referred to specialized treatment.*

ADVISE

At-risk drinkers and problem drinkers should be advised to cut down or abstain from alcohol use. Dependent drinkers are asked to abstain and to see an alcohol specialist. Women who are pregnant or who are considering pregnancy should be advised to abstain.* The strategy is to clearly state your concern, engage the patient, review health effects, and negotiate a reduction in alcohol use. We recommend this strategy even for persons who are not ready to change, as it may begin to move them along the continuum of behavioral change (see page 5). Where appropriate, the normal goal is to reduce alcohol use to 1–2 drinks no more than 3 days per week or a maximum of 2–3 drinks per occasion, 1–2 times per week. The goal for pregnant women is abstinence. The proposed intervention is designed to take no more than 10 minutes at a single visit. (For ideas on responding to a woman’s concerns about changing her drinking, see Appendix B.)

STEP 1: RELATE HEALTH PROBLEMS TO PERSONAL ALCOHOL USE

- *“I am very concerned about how your drinking is affecting your health (e.g., sleeping patterns, family problems, headaches).”*
- *“Your (e.g., GGT, blood pressure, blood sugar) is elevated, and it is important for you to change your drinking habits because too much alcohol can make this condition worse.”*
- *“You need to reduce the amount of alcohol you are drinking.”*

If pregnant, considering pregnancy, or not using effective contraception:

- *“You need to stop drinking completely to have a healthier baby.”*
- *“You need to stop drinking completely to reduce the risk of birth defects.”*
- *“You need to stop drinking completely because it will be best for your own health.”*
- *“There is no known safe limit for drinking during pregnancy. You need to stop drinking completely because when you drink, your baby drinks.”*

* *Note:* Women with evidence of withdrawal or other alcohol-related health effects, women who are pregnant, women taking certain medications (e.g., antidepressants), women who are unable to limit their use, and adolescents may need to become abstinent.

STEP 2: ENGAGE THE PATIENT IN THE PROCESS

- *“What do you think about your drinking?”*
- *“Do you think your drinking is causing any problems in your life?”*
- *“Would you like to cut down on how much you are drinking?”*
- *“Are you willing to work with me on reducing your alcohol use?”*

STEP 3: PROVIDE *Personal Steps to a Healthy Choice: A Woman’s Guide* (companion volume to this guide) on drinking limits for patients who are ready to change (this step could be assigned to a nurse or health counselor).

- *“I would like you to read this guide that discusses the use of alcohol and which suggests ways to help you cut down or to stop drinking.”*
- *“As you can see (refer to Step 2 in the woman’s guide) you are in the at-risk category of drinkers.”*
- *“This booklet will help you identify risky situations and examine ways to cut down or stop drinking.”*
- *“Would you be willing to try to keep track of your drinking habits and work on a self-help action plan to cut down on your drinking?”*

If the answer is “yes,” be sure that you or assigned staff go through the first four steps in the woman’s guide with the patient before she leaves, and schedule a followup appointment to discuss her take-home assignments.

STEP 4: ESTABLISH DRINKING GOALS USING A VERBAL OR WRITTEN CONTRACT

(NOTE: SET A DATE TO REDUCE OR QUIT DRINKING AND RECORD IT IN MEDICAL CHART)

- *“Let’s set a goal for you on changing your drinking habits.”*
- *“I’d like to write this goal as a contract or agreement and have each of us sign it.” (refer to Step 3 in the woman’s guide)*
- *“We will review your progress toward this goal at your next visit.”*
- *“We would like to reassure you that this information will be kept confidential.”*

STEP 5: REFER TO SPECIALIZED TREATMENT, IF NEEDED

There are steps that can be followed in determining whom and how to refer. These steps are not necessarily sequential, but could be parallel efforts by the physician or other staff. Some steps could be handled for the whole clinic, or practice site, ahead of need. (See Step 5, Section IV, Steps to Establishing an Office-Based Intervention System, page 28.)

The referral process is usually complicated by varying insurance coverage. Consequently, physicians may want to ask a staff member to become knowledgeable about community resources available for treating alcohol disorders and the varying insurance plans, sliding scale, and indigent coverage each accepts.

1: DETERMINE WHOM TO REFER

- A woman who shows evidence of physical dependence, severe alcohol-related health problems, or inability to change drinking behavior should be referred to an alcohol specialist.

2: IDENTIFY ALCOHOL SPECIALISTS IN THE COMMUNITY

- Ask colleagues for names of treatment programs for women.
- Contact an alcohol treatment specialist or program, mental health center, and/or hospital for consultation.
- Call your state alcohol and drug abuse agency for a list of the publicly and privately funded treatment programs designed for women in your area.
- Consult employee assistance programs in the area.

Physicians may want to ask their staff to complete a treatment resources list (see page 24) that lists the phone numbers of key professionals in the community. This resource guide could be posted in the nurses' station, on an exam room door, or in the reception area.

3: WHEN MAKING A REFERRAL, CONSIDER THESE METHODS

- If the patient is reluctant to see a counselor, tell the patient you would like a second opinion from a specialist.
- Make the phone call while the patient is in the exam room and have her make the appointment before she leaves your office.
- Ask the specialist to call you after completing the assessment so that you can participate in the treatment planning and support long-term behavioral change.

4: FACILITATE THE REFERRAL PROCESS FOR RESISTANT PATIENTS

- Refer the patient to a physician with expertise in the treatment of alcohol disorders.
- Invite an alcohol counselor to perform the assessment in your office.
- Involve family members to conduct a family intervention.
- Refer the patient to an accredited, culturally sensitive social worker or psychologist. This may be appealing to persons who have had negative experiences with alcohol treatment programs.

5: OFFER ADDITIONAL RESOURCES TO PATIENTS WHO REFUSE TO SEE AN ALCOHOL SPECIALIST OR WHO DO NOT HAVE ADEQUATE FINANCIAL RESOURCES

- Identify recovering alcoholics in the community who are willing to meet with your female patient to discuss methods she can use to change her drinking behavior. This is particularly effective with minority women.
- Ask your patient to attend an Alcoholics Anonymous (AA) meeting. Tell her she may have to attend a number of meetings in different locations to find a group that fits her needs.² Alternative groups that do not use a 12-step approach include Smart Recovery and Women for Sobriety.

² Some AA groups serve women only. If such a group is available in your community, be sure to include that information on your resource list.

ALCOHOL TREATMENT RESOURCES FOR WOMEN
(Clinic staff to complete and place at nurses' stations and in each exam room)

1. Alcohol specialist who has expertise working with women:

Name _____ Name _____
Phone _____ Phone _____

2. Physician with expertise in alcohol disorders:

Name _____ Name _____
Phone _____ Phone _____

3. Community phone numbers (AA, Women for Sobriety, Smart Recovery, and other programs):

4. Community-supported substance abuse services for women:

Name _____
Phone _____ Hours _____
Contact Person _____

Type of facility (circle): Residential/outpatient/evening/adolescent/adult

Payment accepted: insurance/sliding scale/indigent care

Daycare available: Yes No

5. Other treatment program:

Name _____
Phone _____ Hours _____
Contact Person _____

Type of facility (circle): Residential/outpatient/evening/adolescent/adult

Payment accepted: Insurance/sliding scale/indigent care

Daycare available: Yes No Special programs for women: Yes No

FOLLOWUP

Clinicians can play a much larger role in supporting behavioral change than previously appreciated. Arrange followup visits to support and assess behavioral changes. Clinical strategies that may be helpful include:

- A followup phone call by a member of the office staff;
- Repeat clinician office visits to encourage continued behavioral change;
- Repeat laboratory testing where appropriate.

STEP 1: FOLLOWUP PHONE CALL BY NURSE OR OTHER STAFF MEMBER

Example 1—a reminder for patient with followup appointment

- *“Ms. Jones, it has been two weeks since you saw Dr. Smith. She would like to see you again and so we are calling to remind you of your appointment next week. Will you be able to keep your appointment?”*

Example 2—a reminder for patient who is referred to an alcohol specialist

- *“Mrs. Green, Dr. Smith has asked me to call to find out whether you have been able to make an appointment for the alcohol assessment. I also want to remind you to ask the alcohol specialist to call Dr. Smith to discuss followup plans to support any treatment recommendations.”*

STEP 2: ARRANGE A REPEAT PHYSICIAN OFFICE VISIT

Topics physicians may want to discuss during a followup visit include the following:

Readiness for change:

- *“At your last visit, you expressed a desire to cut down on your drinking in 6 months but weren’t ready to set a date to cut down. Are you ready to set a date now?”*

Review of the drinking agreement (Step 3 in “Personal Steps to a Healthy Choice: A Woman’s Guide”):

- *“At your last visit, you agreed to cut down to 1–2 drinks no more than three times a week. Let’s review how much you had to drink in the last week. (Step 4 in Personal Steps to a Healthy Choice: A Woman’s Guide) How about yesterday? How many times since your last visit have you exceeded that amount?”*

(In case patient forgot the booklet, have another copy available.)

Methods in *Personal Steps to a Healthy Choice: A Woman's Guide* for cutting down:

- “Did you use any of the methods listed in the self-help guide we gave you at the last visit, such as _____, _____? Let’s review those again.”

Triggers and coping methods:

- “When do you usually drink alcohol? Whom do you usually drink with? Let’s talk about some specific strategies you can use in these drinking situations.” (Steps 6 & 7 in the guide.)

SECTION IV

STEPS TO ESTABLISHING AN OFFICE-BASED INTERVENTION SYSTEM

STEP 1: OBTAIN COMMITMENT OF OFFICE STAFF

Discuss the identification and intervention methods presented in this guide with members of the office team and select one member who will be responsible for establishing and maintaining the system. The office staff member becomes the “champion” for implementation of the clinical activities presented in this guide. This person could be a receptionist, nurse assistant, nurse practitioner, physician assistant, or office manager. Meeting with staff on a monthly basis for 6 months to discuss and solve problems as a team facilitates the process.

STEP 2: SELECT APPROPRIATE MATERIALS FOR WAITING AREAS

Select magazines, self-help pamphlets, and posters that are appropriate for the waiting room area and examining rooms. Consider use of videotapes to provide educational material for women while they are waiting in the reception area for an appointment. These could include alcohol prevention programs or self-directed assessment programs. A list of community-based alcohol prevention and treatment activities may be available from a community agency and could be posted on a bulletin board in the waiting room. A list of self-help group meetings (AA, Al-Anon, Tough Love, Women for Sobriety, Smart Recovery) may also be helpful to patients or family members who are looking for help but may be too ashamed to ask the physician directly.

STEP 3: SELECT IDENTIFICATION PROCEDURES

Choose screening methods that will be used to identify at-risk drinkers. A combination of self-administered questions and a direct clinician interview provides the best screening strategy. The most important aspect in setting up a screening procedure is to make it simple and consistent with other screening activities that occur in the clinician’s practice. Questions that focus on alcohol consumption are recommended.

STEP 4: PRACTICE BRIEF ADVICE INTERVENTION

Brief advice treatment is not difficult. Clinicians, however, are often uncomfortable discussing reductions in alcohol use. We encourage clinicians to practice the techniques presented in this guide with a colleague or staff member (see Appendices A and B). Although these techniques are not difficult, it often helps to role-play brief advice techniques in a controlled setting. Clinicians may want to attend workshops at national continuing education programs that teach clinicians how to use this technique.

STEP 5: DEVELOP REFERRAL METHODS

The staff person in charge of the system can identify alcohol specialists and resources available for referral. Clinicians may want to identify an alcohol counselor in the community who would be willing to come to the office on a regular basis to conduct assessments and provide referral information.

STEP 6: ADOPT A PRACTICE-BASED REMINDER SYSTEM

A reminder system is necessary to label the medical records of patients who have completed screening and assessment procedures. It also reminds clinicians about previous interventions. This system can identify at-risk drinkers at each visit and provide a method for long-term followup. Computerized medical records may greatly facilitate the development of a reminder system for screening women.

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APPENDIX A

RESPONSES TO CLINICIAN CONCERNS

These are some examples of concerns that many clinicians have when preparing to ask and advise patients about their use of alcohol. Following each question is a list of some of the possible responses.

Concern: Will patients become upset with me, if I start asking “personal questions” about their alcohol use?

Responses:

- Women expect the clinician to ask about health habits, such as smoking, alcohol, and drug use.
- Reassure the patient that the alcohol screening procedures are part of the clinic routine for all patients.
- Women who become irritable with alcohol screening questions often have personal or family problems with alcohol use.

Concern: Who should be advised to become totally abstinent?

Responses:

- Pregnant women.
- Women who are trying to become pregnant.
- Women who are breastfeeding.
- Women with a history of alcohol or drug dependence, or evidence of withdrawal or other alcohol-related health effects.
- Women who have been unable to reduce use to recommended limits.
- Women with severe medical problems, such as liver disease or hypertension.
- Women who are taking mood-altering drugs on a long-term basis, such as tranquilizers, narcotics, and antipsychotics.
- Adolescents.

Concern: How do I convince my patients to go to an alcohol treatment program?

Responses:

- State that you would like to obtain a second opinion about her alcohol usage.
- Reassure her that treatment is voluntary.
- Make the phone call referral while she is with you in the exam room.
- Reinforce positive aspects of an alcohol treatment program.
- Refer her to someone with whom you have worked before.

Concern: How do I minimize affecting my patient's health and life insurance?

Responses:

- Avoid labels such as alcoholism or alcoholic. Describe the symptoms in the medical record and avoid making a diagnosis until the diagnosis is established.
- Use appropriate terms such as *alcohol use*, *at-risk drinking*, *problem drinking*, and *alcohol dependence*.

APPENDIX B

RESPONSES TO A WOMAN'S CONCERNS ABOUT CHANGING HER DRINKING

These are some examples of concerns that may be raised by women when being asked and advised about their use of alcohol. Following each question is a list of some of the possible responses.

Concern: What should I tell my friends when they offer me a drink?

Responses:

- *"My doctor advised me to cut down."*
- *"I have a medical problem that prohibits me from drinking."*
- *"I am taking medication that doesn't go with alcohol."*

Concern: I'm afraid I will fail!

Responses:

- *"Changing your drinking behavior isn't easy. Most people, however, can successfully cut down or stop."*
- *"As with other health issues, such as exercise, smoking, and weight concerns, it often takes several attempts to change."*
- *"We will provide you with support and continued care, even if you don't make it this time around."*

Concern: I like alcohol and I really don't want to stop.

Responses:

- *"While I understand your reluctance to stop, I think it is important. I'd like you to think about the positive aspects of stopping that are reviewed in the woman's guide. I'd like you to come back in 2 weeks and we'll talk about this again."*
- *"How about trying to cut down for 1 month?"*
- *"I'd like you to talk to a recovering person who stopped drinking about 2 years ago. She can share the positive aspects of why she stopped drinking."*

Concern: My friends drink more than I do. What's the big deal?

Responses:

- *"Everyone's body handles alcohol differently. Your body is telling you to stop. We don't completely understand why these differences occur. Some of these differences are apparently related to genetics."*
- *"Only 1 in 10 drinkers develops serious health problems related to alcohol use. You happen to be one."*

Concern: The last time I tried to stop drinking I couldn't sleep, I yelled at everybody, and I felt terrible.

Responses:

- *"Reassure your family that things will improve. I'd be glad to meet with your family or friends to help them understand what you are going through."*
- *"Many family members and others find that they have to deal with issues that have been ignored for years. This takes time, patience, and hard work."*
- *"Don't give up. Keep trying. We'll do this together."*

Concern: What should I do if I get the urge to drink?

Responses:

- *"Call a sober friend or family member. For other ideas, read Personal Steps to a Healthy Choice: A Woman's Guide" (a companion volume to this Guide)."*

Concern: Can I have an occasional drink during pregnancy?

Responses:

- *"No, any alcohol use could potentially harm your baby. There doesn't seem to be a safe level of alcohol use during pregnancy."*

Concern: Why should I stop drinking now if I have already damaged my baby?

Responses:

- *"If you stop now your baby is much more likely to have minimal problems from your prior alcohol use. Some of the effects on the brain may occur in the second and third trimester."*

Concern: Do you think I should have an abortion if my baby is already damaged?

Responses:

- *"While having an abortion is a personal choice, most children who are exposed to alcohol do not have FAS. However, it is important to stop now because then your baby is much more likely to have minimal problems."*

Concern: My partner won't like it if I don't drink. He/she has hurt me before when I didn't go along with his/her wishes.

Responses:

- *"We would be glad to discuss this concern with your partner and to help him/her to understand your need to be abstinent through the rest of your pregnancy."*

APPENDIX C

RESOURCES

Websites, Medical Overview Materials, Organizations, and 800 Numbers

A. NATIONAL ORGANIZATIONS

1. National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Website address: <http://www.niaaa.nih.gov>

Office of Scientific Affairs
6000 Executive Boulevard - Willco Building
Bethesda, MD 20892-7003
Phone: (301) 443-3860
Fax: (301) 480-1726

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems. NIAAA also provides leadership in the national effort to reduce the severe and often fatal consequences of these problems. NIAAA is one of several institutes that comprise the National Institutes of Health (NIH), the principal biomedical research agency of the Federal Government. NIH is a component of the Public Health Service within the Department of Health and Human Services. Ask for a catalog of publications, or click on "Publications" from the website home page.

2. National Clearinghouse for Alcohol and Drug Information (NCADI)

Website address: <http://www.health.org>

11426 Rockville Pike, Suite 200
P.O. Box 2345
Rockville, MD 20847-2345
Phone: (800) 729-6686
TDD: (800) 487-4889
Fax: (301) 468-6433
E-mail: info@health.org

The National Clearinghouse for Alcohol and Drug Information (NCADI) is the information service of the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services. NCADI is the world's largest resource for current information and materials concerning substance abuse. The majority of publications are geared for the lay public. Single copies are generally available free of charge. NCADI will also do literature searches on specific alcohol and drug topics. They will search MEDLARS and other databases and send you a bibliography and abstracts at no charge. Ask for a catalog.

3. Family Empowerment Network (FEN)

610 Langdon Street, Room 519
Madison, WI 53703
Phone: (800) 462-5254 or (608) 262-6590
Fax: (608) 265-2329
E-mail: fen@mail.dsc.wisc.edu

FEN is a national organization serving families affected by fetal alcohol syndrome and fetal alcohol effects, and the professionals who work with them. Members receive a quarterly newsletter. FEN raises awareness about key issues related to FAS/E; provides or co-sponsors an array of educational programs for families, health and human services providers, educators, youth, and the general public; and facilitates support opportunities for families affected by FAS/E, including biological, adoptive, and foster parents, grandparents, siblings, extended family members, other caregivers, and individuals affected by FAS/E. Free informational materials are provided to families and professionals, and FEN maintains a lending library of videos, books, curricula, and other resources. Annual training activities include a national conference for families and providers, distance education series, and summer institute for teachers. Ongoing family support activities include staffing a 1-800 line offering information, support, and referrals; linking families to volunteer Family Advocates via the telephone; providing technical assistance to local family support groups; and hosting an annual weekend retreat for families.

4. National Organization on Fetal Alcohol Syndrome (NOFAS)

Website address: <http://www.nofas.org/>

418 C Street, NE
Washington, DC 20002
Phone: (800) 66NOFAS or (202) 785-4585
Fax: (202) 466-6456
E-mail: Nofas@erols.com

NOFAS is committed to raising public awareness about Fetal Alcohol Syndrome, the leading cause of mental retardation, and seeks to implement innovative ideas in prevention, education, intervention, and advocacy. NOFAS takes a multicultural approach to prevention and healing among individuals, families, and communities, because FAS touches people in all walks of life.

NOFAS publishes a quarterly newsletter, *Notes on NOFAS*, which is free, and has brochures available. They also have a state-by-state resource directory developed in conjunction with the Centers for Disease Control and Prevention, that the public can purchase or can request

from their own state. This comprehensive listing of services contains valuable information for physicians, health care workers, FAS program counselors, teachers, parents, and others seeking quick and accurate information. NOFAS sponsors community seminars and a national conference; call for further details.

B. RESOURCES FOR PATIENTS AND FAMILY MEMBERS

(The following resources include a range of support and services for families and for alcohol problems. Some specialize in help for fetal alcohol exposure and some do not.)

1. Alcoholics Anonymous (AA)

Website address: <http://www.alcoholics-anonymous.org/econtent.html>

P.O. Box 459, Grand Central Station

New York, NY 10163

Phone: (212) 870-3400

Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, nondenominational, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem. The heart of the suggested program of personal recovery is contained in Twelve Steps describing the experience of the earliest members of the Society. Makes referrals to local AA groups available in your community.

2. Al-Anon

Website address: <http://www.al-anon.alateen.org>

Al-Anon Family Group Headquarters

1600 Corporate Landing Parkway

Virginia Beach, VA 23454-5617

Phone: (888) 4AL-ANON or (757) 563-1600 (8 a.m.–6 p.m. e.s.t.)

Fax: (757) 563-1655

Makes referrals to local Al-Anon groups, which are support groups for spouses and other significant adults in an alcoholic person's life. Also makes referrals to Alateen groups, which offer support to children of alcoholics.

3. Families Anonymous (FA)

P.O. Box 3475
Culver City, CA 90231
Phone: (800) 736-9805

A national network of more than 2,000 regional groups similar to Al-Anon, following the AA program. FA groups are open to parents, relatives, and friends concerned about drug abuse.

4. Mothers Against Drunk Driving (MADD)

Website address: <http://www.madd.org>

511 E. John Carpenter Freeway, Suite 700
Irving, TX 75062
Phone: (214) 744-6233
Fax: (972) 869-2206/7
E-mail: info@madd.org

Established by the mothers of victims of drunk drivers, this national organization with over 400 local chapters is open to all parents. MADD promotes public policy against drunk driving, provides victim assistance, and conducts community education.

5. Sixteen (16) Steps of Personal Empowerment

Website address: <http://www.members.aol.com/empower16/steps.html>

362 North Cleveland Avenue, Suite 1
Saint Paul, MN 55104
Phone: (612) 645-5782

The 16 Steps of Personal Empowerment is a positive, flexible, and holistic self-support alternative. Sixteen Step Empowerment groups offer support for a wide variety of quality of life issues, such as addiction, codependency, abuse, empowerment, and more. Sixteen Step groups are self-supporting, so there are no professionals or fees.

6. Smart Recovery

Website address: <http://smartrecovery.org>
<http://www.cyberpsych.com/smart.html>

24000 Mercantile Road, Suite 11
Beachwood, Ohio 44122
Phone: (216) 292-0220
Fax: (216) 831-3776
E-mail: srmail@aol.com

Smart is a free self-help program for recovery from chemical dependency. Groups meet once or twice weekly, led by a lay coordinator. Smart is not a twelve-step program. It is based on modern cognitive/behavioral methods, particularly Rational-Emotive Behavior Therapy. Smart teaches people practical self-management and recovery skills.

7. Students Against Drunk Driving (SADD)

Website address: <http://www.nat-sadd.org>

P.O. Box 800
Marlboro, MA 01752
Phone: (508) 481-3568 (9 a.m.–4 p.m. e.s.t.)

A national organization with thousands of local chapters in high schools, junior high schools, and colleges. SADD promotes educational programs in schools and communities about the dangers of drunk driving.

8. Toughlove

P.O. Box 1069
Doylestown, PA 18901
Phone: (215) 348-7090
Fax: (215) 348-9874

A national network of local self-help programs for families of teenagers with behavioral and drug problems, using a philosophy of firm parental action. A newsletter and educational materials are available.

9. Women for Sobriety, Inc. (WFS)

Website address: <http://www.womenforsobriety.org>

109 West Broad Street

P.O. Box 618

Quakertown, PA 18951-0618

Phone: (215) 536-8026 or (800) 333-1606

Fax: (215) 536-8025

Women for Sobriety, Inc. (WFS) is a nonprofit organization dedicated to helping women overcome alcoholism and other addictions. Their "New Life" program helps achieve sobriety and sustain ongoing recovery. WFS is a self-help program for women with problems of addiction. It is for women only and its precepts take into account the very special problems women have in recovery - the need for feelings of self-value and self-worth, and the need to expiate feelings of guilt and humiliation. This program is based on positive thinking, metaphysics, meditation, group dynamics, and pursuit of health through nutrition.

10. Websites:

a. Alcohol and Women

Website address: <http://www.ias.org.uk/factsheets/women.htm>

This Alcohol and Women website includes: The size of the problem. Where do women drink? Why are women drinking more? The effect of alcohol on women, victimization, reasons for heavy drinking in women, getting help, and is there a need for special services for women?

b. Another Empty Bottle

Website address: <http://www.alcoholismhelp.com>

Another Empty Bottle is a site for alcoholics and their friends and families. They are both a resource and a community for those suffering from the effects of alcoholism. The site is a resource through the Alcoholism Index, the first alcoholism search engine. It uses a Yahoo-style directory of editor-picked sites and resources, providing visitors with a large and growing index of sites on alcoholism, anonymity, depression, domestic abuse, suicide, student issues, support groups, and more. The site is a community through its chat rooms active discussion areas. An "Empty Bottle" symbolizes how emptiness and hopelessness can exist in our lives when a loved one suffers from alcoholism. It gives an array of options, listing both religious and nonreligious, 12-step and non-12-step recovery resources.

c. FACTS ON: Women and Alcohol

Website address: <http://www.rci.rutgers.edu/~cas2/clearinghouse/factsheet/fact20.html>

Fact Sheet No. 20(2), 1996 by Edith S. Lisansky Gomberg, Ph.D., a professor of Psychology at the Department of Psychiatry, University of Michigan Alcohol Research Center, Ann Arbor, Michigan. This website is maintained at the Center of Alcohol Studies, Rutgers, The State University of New Jersey, 607 Allison Road, Piscataway, NJ 08854-8001, Telephone: (732) 445-2190, Fax: (732) 445-3500.

d. Women, Alcohol & Other Drugs, Addiction Research Foundation

Website address: <http://www.arf.org/isd/infopak/women.html>

This document summarizes the literature covering the topic of women and alcohol and other drug use and abuse. Additional resources are provided including literature, pamphlets, organizations, videos, and electronic resources. Please consult your workplace/community libraries and information services to obtain these materials. Materials include: Introductory Information, Annotated Bibliography, Additional References, Pamphlets/Fact Sheets & Other Public Information Materials, Organizations, Electronic Information Resources, and Audiovisuals available from the ARF Library.

C. RESOURCES FOR PHYSICIANS

1. The National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Website address: <http://www.niaaa.nih.gov>

Office of Scientific Affairs
6000 Executive Boulevard - Willco Building
Bethesda, MD 20892-7003
Phone: (301) 443-3860
Fax: (301) 480-1726

See description on page 37.

Certain issues of *Alcohol Alert*, a research-to-practice newsletter for clinicians, are particularly relevant. For example, No. 43, April 1999, is devoted to brief intervention for alcohol problems. Certain issues of the research journal *Alcohol Health and Research World* are also directly relevant. The catalog lists issue titles.

2. National Clearinghouse for Alcohol and Drug Information (NCADI)

Website address: <http://www.health.org>

P.O. Box 2345

Rockville, MD 20847-2345

Phone: (800) 729-6686

TDD: (800) 487-4889

E-mail: info@health.org

See description on page 37.

3. Quick Facts

Website address: <http://www.niaaa.nih.gov> or www.fedworld.gov

Quick Facts is an electronic bulletin board system operated by the Alcohol Epidemiologic Data System, under contract to the Division of Biometry and Epidemiology of NIAAA. Quick Facts provides access to tables which contain the latest alcohol-related data (e.g., alcohol use by age, race, sex). Files are added to and updated as new data become available. This might be a good source of information when preparing for a lecture. Quick Facts also includes a public messages section to provide a forum for discussion. An annual bibliography on alcohol and pregnancy is published every June, and is free. (Order it from NIAAA Publication Distribution Center, P.O. Box 10686, Rockville, MD 20849-0686.) The system is free to users. Contact the Quick Facts System Operator at:

Alcohol Epidemiologic Data System

CSR, Inc.

c/o NIAAA

1400 Eye Street, NW

Suite 200

Washington, DC 20005

Phone: (202) 842-7600

4. The ETOH Database

Website address: <http://etoh.niaaa.nih.gov>

The Alcohol and Alcohol Problems Science Database, commonly known as ETOH (which is a shorthand chemical designation for ethanol), provides extensive coverage of topics and diverse sources on all aspects of research into alcohol use, abuse, and dependence. It offers multidisciplinary coverage for professionals in many fields, and includes research findings from other countries that are published in English or have English-language abstracts. The ETOH database is indexed by more than 3,400 terms from the Alcohol and Other Drug Thesaurus: A Guide to Concepts and Terminology in Substance Abuse and Addiction (AOD Thesaurus). ETOH is available online through Ovid Technologies, Inc. For information, call (800) 950-2035. It is also available on the Internet as indicated above.

5. Websites:

a. Alcohol Consumption Among Pregnant and Childbearing-Aged Women, United States, 1991 and 1995

Website address: <http://www.health.org/pubs/mmwr.htm>

Morbidity and Mortality Weekly (MMWR), April 25, 1997 / Vol. 46 / No. 16.

b. Women and Alcohol Across the Life Cycle: A Literature Review

Website address: http://www.mblcommunications.com/pp1198_dennison.html

This website information is by Sylvia J. Dennison, M.D. The Educational Objectives are to:

- Learn the implications of alcohol use among women of different ages
- Understand the scope of alcohol abuse among women
- Gain an awareness of some similarities and differences between men and women with regard to alcohol use and its effects

c. Women's Drinking: Facts and Figures

Website address: <http://www.alcoholconcern.org.uk/factsheets/women.htm>

This fact sheet looks at the statistics on women's alcohol use. A companion sheet, "Women and Drinking: What Lies Behind," looks in more detail at treatment and service provision for women who have a problem with alcohol.

D. EDUCATIONAL MATERIALS

BROCHURES:

"Drinking and Your Pregnancy"

NIH Publication No. 96-4101

"La Bebida y Su Embarazo"

NIH Publication No. 97-4102

These two fold-out brochures, in English or Spanish, describe in simple, nonjudgmental language the physical and behavioral problems that can occur in children born to mothers who drink during pregnancy. Six questions that women may have about alcohol and drinking while pregnant are raised and answered, and resources for further information are provided. The brochures are available individually or in quantity from: National Institute on Alcohol Abuse & Alcoholism, 6000 Executive Boulevard, Suite 409, Bethesda, MD 20892-7003, (301) 443-3860.

BOOKS:

These books are described at the Alcohol Concern Bookshop. (Website address: <http://www.alcoholconcern.org.uk/bookshop/women.htm>):

Women and Alcohol, A Private Pleasure or a Public Problem? Ettorre E. 1997, 192pp. In this book the author examines what constitutes problem drinking for women, looks at the double standards that exist for women and men who overdrink and explores the possibilities for recovery and healing. London: The Women's Press. ISBN: 0704344378.

Women and Alcohol: Contemporary and Historical Perspectives. Plant M., 1997, 388pp. The topics covered in this work include international trends, sexual behavior, physical and psychological effects, pregnancy, risk-taking, child abuse and other violence, prevention, treatment, and harm minimization. It emphasizes that women are not a high-risk group, but it also demonstrates that there are important differences between men and women in many aspects of consumption. Free Association Books Ltd., ISBN: 1853433640.

Women and Alcohol: Issues for Prevention. Thom B., 1997, 95pp. This literature review provides an overview of the factors influencing women's alcohol consumption and drinking patterns. It examines issues concerned with prevention and early intervention, and identifies gaps in the literature for future research. HEA. ISBN: 0752105205.

Women Under the Influence: Alcohol and Its Impact. McConville B., 1991, 205pp. This book provides information for women on the effects of alcohol on their bodies and also looks at the reasons for the increase in women's drinking over recent years, including the social factors which affect women's drinking. There is also a section for women who are unhappy about their drinking. Pandora.

These books can be ordered from Amazon.Com (website address: <http://www.amazon.com/exec/obidos/subject-combination/002-3292326-1309012>) or your local bookstore:

Alcohol Problems in Women: Antecedents, Consequences, and Intervention. Wilsnack SC, Beckman LJ. (Eds.) 1984. New York: Guilford Press Alcohol Studies Series.

Gender and Alcohol: Individual and Social Perspectives, 1997. (Alcohol, Culture, and Social Control Monograph Series, 3rd) New Brunswick, NJ: Rutgers Center for Alcohol Studies.

Women and Alcohol: The Journey Back. 1991. Amereon Press; ISBN: 089876162X.

VIDEOS:

Vida Health Communications has produced the following videos, which can be ordered from them at: 6 Bigelow Street, Cambridge, MA 02139. Phone: (617) 864-4334. Fax: (617) 864-7862.

Straight From the Heart. In this motivational video, six women share their stories of addiction and recovery, with a focus on the impact of substance abuse on pregnancy and motherhood. Designed as a patient education video, it is also useful for health and human services providers interested in gaining understanding about the issues women substance abusers face. Cost: \$275.

A Challenge to Care. This video addresses prenatal care, labor, delivery, and neonatal and postpartum care for women substance abusers. It is designed for health care providers and patients. Cost: \$275.

Reproducible Forms

Health Screening Survey

This survey is designed for women who are NOT pregnant

Name: _____ Date: _____

We would appreciate it if you would answer the following questions. This information will be kept confidential and will be used by your health care team to improve your health.

1. In the past 3 months, have you smoked cigarettes? ☐ Yes ☐ No
2. Do you use a seatbelt every time you ride in a motor vehicle? ☐ Yes ☐ No
3. Do you exercise three or more times per week? ☐ Yes ☐ No
4. In the past 3 months, about how many days a week did you have two or more standard drinks (a standard drink is one 12 oz. bottle or can of beer or wine cooler, a 1.5 oz. shot of hard liquor, or one 5 oz. glass of wine)?

☐ 1 day or less per week
☐ 2–3 days per week
☐ 4 or more days per week

☐ I never drink more than one drink per day
☐ I've had no alcohol in the past 3 months
5. In the past 3 months, about how many days a week did you have four or more standard drinks?

☐ 1 day or less per week
☐ 2–3 days per week
☐ 4 or more days per week

☐ I never drink more than 3 drinks per occasion
☐ I've had no alcohol in the past 3 months
6. How many drinks does it take to make you feel high?

_____ number of drinks

☐ I never drink

☐ I'm not sure
7. Have any family members, friends, or health care providers been concerned about how much you drank in the last year?

☐ Yes

☐ No

Please return this survey to your health care provider. Thank you.

SCORING FOR HEALTH SCREENING SURVEY

(For Women Who Are NOT Pregnant)

The form is to be completed by the patient's nurse or other health care provider.

Name of Patient: _____ **Date:** _____

The questions (#1–3) about smoking, seatbelt safety, and exercise are opportunities for advice on these health issues.

Alcohol Questions—Please check the appropriate boxes, based on the patient's responses to the Health Screening Survey alcohol questions (#4–7).

- | | | | |
|-----|------------------------------|-----------------------------|--|
| (a) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Patient admits to drinking almost every day (4 or more days/week) (See question 4) |
| (b) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Patient admits to drinking four or more drinks per occasion at any time (See question 5) |
| (c) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Patient reports that it takes more than two drinks to get high (See question 6) |
| (d) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Patient reports that family members or friends have expressed concern about her alcohol use (See question 7) |

Summary—Please check the appropriate box.

- ☐ The patient meets one or more of the four criteria for at-risk drinking
- ☐ The patient does not meet any of the four criteria for at-risk drinking

If the patient scores one or more on the criteria for at-risk drinking, please ask the following questions:

ASSESS

1. Have you ever felt the need to cut down or control your drinking?
☐ Yes ☐ No
2. Have you ever lost a job because of your drinking?
☐ Yes ☐ No
3. Has your drinking affected your family, especially your children?
☐ Yes ☐ No
4. Have you ever been stopped by the police when you were drinking?
☐ Yes ☐ No
5. Have you been injured when you were drinking?
☐ Yes ☐ No
6. Do you become very nervous or shaky if you stop drinking for more than a day?
☐ Yes ☐ No
7. Do you need to have a drink in the morning to start your day?
☐ Yes ☐ No
8. Do you have any medical problems that could be related to alcohol use, such as depression, suicide ideation, anxiety, panic attacks, sleeping problems, headaches, and chronic fatigue. More serious medical problems may include liver dysfunction, repeated trauma, blood pressure elevation, and pancreatitis?
☐ Yes ☐ No
9. Do you have evidence of alcohol problems on physical exam, such as high blood pressure, cardiac arrhythmia, enlarged liver, alcohol on breath?
☐ Yes ☐ No

Summary:

- ☐ **Patient is an at-risk drinker** (negative response to the 9 assessment questions above and is only positive on the Health Screening Survey)
- ☐ **Patient is a problem drinker** (1 or 2 positive responses to the assessment questions above, plus positive on the Health Screening Survey)
- ☐ **Patient may be alcohol-dependent** (3 or more positive responses to the assessment questions above plus positive on the Health Screening Survey)

Patients who are at-risk or problem drinkers should receive brief intervention.

Patients who may be alcohol-dependent should receive brief intervention and be referred to specialized treatment.

Health Screening Survey

This survey is designed for women who ARE pregnant

Name: _____ Date: _____

We would appreciate it if you would answer the following questions. This information will be kept confidential and will be used by your health care team to improve your health.

1. In the past 3 months, have you smoked cigarettes? ☐ Yes ☐ No
2. Do you use a seatbelt every time you ride in a motor vehicle? ☐ Yes ☐ No
3. Do you exercise three or more times per week? ☐ Yes ☐ No
4. In the 3 months before your current pregnancy, about how many days a week did you have one or more standard drinks (a standard drink is one 12 oz. bottle or can of beer or wine cooler, a 1.5 oz. shot of hard liquor, or one 5 oz. glass of wine)?

☐ 1 day or less per week
☐ 2–3 days per week
☐ 4 or more days per week

☐ I never drink more than 1 drink per day
☐ I had no alcohol before I became pregnant
5. How many drinks does it take to make you feel high?
_____ number of drinks ☐ I never drink ☐ I'm not sure
6. Have any family members, friends, or health care providers been concerned about how much you drank in the last year?
☐ Yes ☐ No
7. Since you became pregnant, on average, about how many days a week do you have two or more standard drinks?

☐ 1 day or less per week
☐ 2–3 days per week
☐ 4 or more days per week

☐ I stopped drinking as soon as I found out I was pregnant
☐ I've had no alcohol during my pregnancy
☐ I never drank more than 1 drink per day since I became pregnant

Please return this survey to your health care provider. Thank you.

SCORING FOR HEALTH SCREENING SURVEY

(For Women Who ARE Pregnant)

The form is to be completed by the patient's nurse or other health care provider.

Name of Patient: _____ **Date:** _____

The questions (#1–3) about smoking, seatbelt safety, and exercise are opportunities for advice on these health issues.

Alcohol Questions—Please check the appropriate boxes based on the patient's responses to the Health Screening Survey alcohol questions before the patient was pregnant (#4–6).

- (a) ☐ Yes ☐ No Patient admits to drinking almost every day prior to pregnancy (4 or more days/week) (See question 4)
- (b) ☐ Yes ☐ No Patient reports that it takes more than 2 drinks to get high (See question 5)
- (c) ☐ Yes ☐ No Patient reports that family members or friends have expressed concern about her alcohol use (See question 6)
- (d) ☐ Yes ☐ No Patient reports drinking 2 or more drinks per day two or more days per week during pregnancy (See question 7)

Summary—Please check the appropriate box.

- ☐ The patient does not meet any of the four criteria for at-risk drinking and does not drink during pregnancy
- ☐ The patient meets one or more of the criteria for at-risk drinking for an alcohol exposed pregnancy

If the patient scores one or more on the criteria for at-risk drinking, please ask the following questions:

ASSESS

1. Have you ever felt the need to cut down or control your drinking?
☐ Yes ☐ No
2. Have you ever lost a job because of your drinking?
☐ Yes ☐ No
3. Has your drinking affected your family, especially your children?
☐ Yes ☐ No
4. Have you ever been stopped by the police when you were drinking?
☐ Yes ☐ No
5. Have you been injured when you were drinking?
☐ Yes ☐ No
6. Do you become very nervous or shaky if you stop drinking for more than a day?
☐ Yes ☐ No
7. Do you need to have a drink in the morning to start your day?
☐ Yes ☐ No
8. Do you have any medical problems that could be related to alcohol use, such as depression, suicide ideation, anxiety, panic attacks, sleeping problems, headaches, and chronic fatigue. More serious medical problems may include liver dysfunction, repeated trauma, blood pressure elevation, and pancreatitis?
☐ Yes ☐ No
9. Do you have evidence of alcohol problems on physical exam, such as high blood pressure, cardiac arrhythmia, enlarged liver, alcohol on breath.
☐ Yes ☐ No

Summary:

- ☐ **Patient is an at-risk drinker** (negative response to the 9 assessment questions above and is only positive on the Health Screening Survey)
- ☐ **Patient is a problem drinker** (1 or 2 positive responses to the assessment questions above, plus positive on the Health Screening Survey)
- ☐ **Patient may be alcohol-dependent** (3 or more positive responses to the assessment questions above plus positive on the Health Screening Survey)

Patients who are at-risk or problem drinkers should receive brief intervention.

Patients who may be alcohol-dependent should receive brief intervention and be referred to specialized treatment.

ALCOHOL TREATMENT RESOURCES FOR WOMEN

(Clinic staff to complete and place at nurses' stations and in each exam room)

1. Alcohol specialist who has expertise working with women:

Name _____ Name _____
Phone _____ Phone _____

2. Physician with expertise in alcohol disorders:

Name _____ Name _____
Phone _____ Phone _____

3. Community phone numbers (AA, Women for Sobriety, Smart Recovery, and other programs):

4. Community-supported substance abuse services for women:

Name _____
Phone _____ Hours _____
Contact Person _____

Type of facility (circle): Residential/outpatient/evening/adolescent/adult

Payment accepted: insurance/sliding scale/indigent care

Daycare available: Yes No

5. Other treatment program:

Name _____
Phone _____ Hours _____
Contact Person _____

Type of facility (circle): Residential/outpatient/evening/adolescent/adult

Payment accepted: Insurance/sliding scale/indigent care

Daycare available: Yes No Special programs for women: Yes No

**Identification of At-Risk Drinking and Invention
with Women of Childbearing Age
A Guide for Primary Care Providers**

Useful feedback from your clinical practice would be very much appreciated. Your feedback will be used to refine and revise these guidelines to make the next edition even more useful. Thank you for your time and your views!

Your specialty or discipline:

_____ Obstetrics
_____ Family medicine
_____ Internal medicine
_____ Advanced Nurse Practitioner
_____ Physician Assistant
_____ Social work
_____ Counselor/therapist

Current clinical practice setting(s):

_____ Private practice and/or HMO practice
_____ Residency treatment clinic or other academic practice
_____ Public health clinic funded by city, County, State, or Federal government
_____ Other _____

Please estimate the percentage of minority women in your practice

African American _____
Hispanic _____
Asian American _____
Native American _____
Other groups _____

*Additional questions are on
the reverse side.*

FOLD HERE
AND SEAL OPEN END

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1. Please indicate if you used the following parts of the guide?

	Used		If Used,	
	Yes	No	Easy to Use	Difficult
a. Screening women for alcohol problems using the Health Screening Survey for women who were <u>not</u> pregnant . This clinical protocol is located on page 14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Scoring Worksheet for women who were <u>not</u> pregnant . This clinical protocol is located on pages 15–16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Screening women for alcohol problems using the screening questionnaire for women who <u>were</u> pregnant . This clinical protocol is located on page 17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Scoring Worksheet for women who <u>were</u> pregnant . This clinical protocol is located on pages 18–19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>You may skip questions e and f, if <u>no</u> women met the screening criteria.</i>				
e. Brief physician advice counseling protocol for at-risk and problem drinkers. This clinical protocol is located on pages 20–21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Information on how to refer women who are alcohol dependent and the referral worksheet . These clinical protocols and the worksheets are located on pages 22–23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you use the Steps to Establish an Office-Based Intervention System in your practice? These ideas are located on pages 27–28. Yes ☐ No ☐ If yes, how well is it working? _____

3. Tell us about your use of the material located in the appendices.

	Helpful	Not Helpful	Did Not Use
a. Suggestions located in Appendix A, titled “ Potential Responses to Clinician Concerns .” These suggestions are located on pages 31–32. Did you find this material helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Suggestions located in Appendix B, titled “ Responses to a Woman’s Concerns about Changing Her Drinking .” These suggestions are located on pages 33–35. Did you find this material helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Suggestions located in Appendix C, titled “ Resources .” These national resources are located on pages 37–47. Did you find this material helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please tell us what you think of the overall style and format of the guide.

	Yes	No
a. Is the guide well-organized?	<input type="checkbox"/>	<input type="checkbox"/>
b. Can you quickly find specific sections or items that you need to refer to for a patient visit?	<input type="checkbox"/>	<input type="checkbox"/>

5. Please tell us about the use of color.

	Strategically Important	Nice Enhancement	Not Important
Color in cover design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color in graphics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color in protocol summary used in corresponding headings for the specific sections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Comments? _____

N I A A A
National Institute on Alcohol Abuse and Alcoholism



Office of Research on Minority Health

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